ORIGINAL

ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-01351A Elfrida Domestic Water Users Association PO Box 591 356 Elfrida, AZ 85610

RECEIVED

NOV 2 4 2010

ACC UTILITIES DIRECTOR

ANNUAL REPORT Water

FOR YEAR ENDING

12 31 2009

FOR COMMISSION USE

ANN 04 09

11-24-10

COMPANY INFORMATION

| Company Name (Business Name) <u>EU</u> | | | |
|--|---|------------------------------------|--|
| Mailing Address P.O. Box 3 (Street) (City) | 356 | | |
| (Street) | 1.7 | Q4 | Shin |
| (City) | (State) | (Zi _I |)) |
| | | | |
| (520) (42-1290 Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Includ | e Area Code) |
| Email Address | | | |
| Local Office Mailing Address(Sr | DAME reet) | | |
| (City) | (State) | (Zi | p) |
| | | | |
| Local Office Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Includ | le Area Code) |
| Email Address | | | |
| MANA | AGEMENT INFORMATIO | <u> </u> | |
| ☐Regulatory Contact: | | | |
| ☐Regulatory Contact: | | | LANAGER |
| ☐Regulatory Contact: | | | ANAGER |
| ☐Regulatory Contact: | | | ANAGER e) 85610 (7ia) |
| □ Regulatory Contact: □ Management Contact: MicHAEL 10394 C N. Hiway (Street) |). SuyDER (Name) 191 EIFRIDA (City) | | <u>ANAGEGE</u> 10) <u>85610</u> (Zip) |
| □ Regulatory Contact: □ Management Contact: MicHAEL 10394 C N. Hiway (Street) | | | |
| □ Regulatory Contact: □ Management Contact: MicHAEL 10394 C N. HiWAY (Street) (520) 642-1290 |). SuyDER (Name) 191 EIFRIDA (City) | (Tit AZ (State) | |
| Regulatory Contact: Management Contact: MicHAEL 10394 C N. Hiway (Street) (520) 642-1290 Telephone No. (Include Area Code) Email Address |). SuyDER (Name) IGI EIFRIDA (City) Fax No. (Include Area Code) | (Tit AZ (State) | |
| Regulatory Contact: Management Contact: MicHAEL 10394 C N. Hiway (Street) (520) 642-1290 Telephone No. (Include Area Code) |). SUYBER (Name) IGI EIFRIDA (City) Fax No. (Include Area Code) | (Tit AZ (State) | |
| Regulatory Contact: Management Contact: MicHAEL 10394 C N. Hiway (Street) (520) 642-1290 Telephone No. (Include Area Code) Email Address |). SuyDER (Name) IGI EIFRIDA (City) Fax No. (Include Area Code) | (Tit AZ (State) | |
| Regulatory Contact: Management Contact: MicHAEL 10394 C N. Hiway (Street) (520) 642-1290 Telephone No. (Include Area Code) Email Address |). SUYBER (Name) IGI EIFRIDA (City) Fax No. (Include Area Code) | (Tit AZ (State) | |
| Regulatory Contact: Management Contact: MichAEL 10364 C W. Hiway (Street) (520) 642-1290 Telephone No. (Include Area Code) Email Address On Site Manager: | (Name) IGI EIFRIDA (City) Fax No. (Include Area Code) Same (Name) (City) Fax No. (Include Area Code) | (Tit. AZ (State) Cell No. (Includ | e Area Code) (Zip) |

| Statutory Agent: Roy | LINDSEY (Name) | | |
|---------------------------------------|--------------------------------------|--------------------|-------------------|
| P.O. Box 86 / 10289 N. Hill. (Street) | JAY 191 EIFRIDA, | AZ. (State) | 85610 (Zip) |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code | Cell No. (Inc | elude Area Code) |
| Attorney: | (Name) | • | |
| (Street) | (City) | (State) | (Zip) |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Cell No. (Inc | clude Area Code) |
| Email Address | | | |
| <u>(</u> | OWNERSHIP INFORMATI | <u>ON</u> | |
| Check the following box that applies | to your company: | | |
| Sole Proprietor (S) | C Corporation | (C) (Other than As | ssociation/Co-op) |
| Partnership (P) | Subchapter S C | Corporation (Z) | |
| Bankruptcy (B) | Association/Co- | -op (A) | |
| Receivership (R) | Limited Liabili | ty Company | |
| Other (Describe) A NON- | STOCK CORPORATION | | |
| | COUNTIES SERVED | | |
| Check the box below for the county/ | ies in which you are certificated to | provide service: | |
| ДАРАСНЕ | ⊠ COCHISE | ☐ COCON | INO |
| ☐ GILA | ☐ GRAHAM | GREEN | LEE |
| ☐ LA PAZ | ☐ MARICOPA | □ МОНАУ | /E |
| ☐ NAVAJO | ☐ PIMA | ☐ PINAL | · |
| ☐ SANTA CRUZ | ☐ YAVAPAI | ☐ YUMA | |
| ☐ STATEWIDE | ÷ | | |

UTILITY PLANT IN SERVICE

FY-09

| Acct. No. | DESCRIPTION | Original Cost (OC) | Accumulated Depreciation (AD) | O.C.L.D. (OC less AD) |
|--------------|--|--------------------|-------------------------------|-----------------------|
| 301 | Organization | | | |
| 302 | Franchises | | | |
| 303 | Land and Land Rights | | | |
| 304 | Structures and Improvements | 26844.00 | 2022500 | 661900 |
| 307 | Wells and Springs | 39253.00 | | 595700 |
| 311 | Pumping Equipment | 69566,00 | | |
| 320 | Water Treatment Equipment | | | |
| 330 | Distribution Reservoirs and Standpipes | 46228.00 | 23850.@ | 223785 |
| 331 | Transmission and Distribution Mains | 160,605,00 | 110885.00 | 49720,00 |
| 333 | Services | 7265.00 | 7265.00 | <u> </u> |
| 334 | Meters and Meter Installations | 9330.00 | 9070.00 | 260.00 |
| 335 | Hydrants | 673.00 | 673.00 | |
| 336 | Backflow Prevention Devices | | | |
| 339 | Other Plant and Misc. Equipment | | | |
| 340 | Office Furniture and Equipment | 916. °D | 644.00 | 272.00 |
| 341 | Transportation Equipment | | | |
| 343 | Tools, Shop and Garage Equipment | 4190.00 | 2933.00 | 1257,00 |
| 344 | Laboratory Equipment | | | |
| 345 | Power Operated Equipment | | | |
| 346 | Communication Equipment | | | |
| 347 | Miscellaneous Equipment | | | |
| 348 | Other Tangible Plant | | | |
| | TOTALS | 364,870,0 | 247,9150 | 4 116,955. |

This amount goes on the Balance Sheet Acct. No. 108

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR FY-09

| Acct. | DESCRIPTION | Original Cost (1) | Depreciation Percentage (2) | Depreciation Expense (1x2) |
|-------|--|-------------------|-----------------------------------|-----------------------------|
| 301 | Organization | | | |
| 302 | Franchises | | | |
| 303 | Land and Land Rights | | | |
| 304 | Structures and Improvements | 26844.00 | 8% | 2148,00 |
| 307 | Wells and Springs | 39253.ca | 5% | 1963.00 |
| 311 | Pumping Equipment | 69566.00 | | 3478.00 |
| 320 | Water Treatment Equipment | | | |
| 330 | Distribution Reservoirs and Standpipes | 46,228,00 | 5% | 231100 |
| 331 | Transmission and Distribution Mains | 160,605.00 | 1 | 8030. ⁴⁷ |
| 333 | Services | 7265,00 | | |
| 334 | Meters and Meter Installations | 9330.60 | 5% | 467.00 |
| 335 | Hydrants | 673.00 | | |
| 336 | Backflow Prevention Devices | | | |
| 339 | Other Plant and Misc. Equipment | | | |
| 340 | Office Furniture and Equipment | | | |
| 341 | Transportation Equipment | 916.00 | 10% | 92.00 |
| 343 | Tools, Shop and Garage Equipment | | | |
| 344 | Laboratory Equipment | 4190.00 | 10% | 419,00 |
| 345 | Power Operated Equipment | | | |
| 346 | Communication Equipment | | | |
| 347 | Miscellaneous Equipment | | | |
| 348 | Other Tangible Plant | | | |
| | TOTALS | 364,8709 | 7 | 18908.00 |

This amount goes on the Comparative Statement of Income and Expense ____ Acct. No. 403.

BALANCE SHEET FY-09

| Acct No. | | BALANCE AT BEGINNING OF | BALANCE AT END OF |
|-------------|---|----------------------------|----------------------|
| | ASSETS | YEAR | YEAR |
| | CURRENT AND ACCRUED ASSETS | | |
| 131 | Cash | \$ 3635.00 | \$ 9596.00 |
| 134 | Working Funds | 2542.00 | 1539,00 |
| 135 | Temporary Cash Investments | | |
| 141 | Customer Accounts Receivable | 6209,00 | 4533, © |
| 146 | Notes/Receivables from Associated Companies | | |
| 151 | Plant Material and Supplies | | |
| 162 | Prepayments | | |
| 174 | Miscellaneous Current and Accrued Assets | | |
| | TOTAL CURRENT AND ACCRUED ASSETS | \$ 12,386.00 | \$ 15,668.00 |
| | FIXED ASSETS | | |
| 101 | Utility Plant in Service | \$ 364,870.00 | \$ 364,870,00 |
| 103 | Property Held for Future Use | | |
| 105 | Construction Work in Progress | | |
| 108 | Accumulated Depreciation – Utility Plant | 229006,00 | 247915.00 |
| 121 | Non-Utility Property | | |
| 122 | Accumulated Depreciation - Non Utility | | |
| | TOTAL FIXED ASSETS | \$ 135,864.00 | \$ 116,955.00 |
| | TOTAL ASSETS | \$ 148250,00 | \$ 132623.00 |

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

COMPANY NAME ELFRIDA DOMESTIC WATER USERS ASSOC.

BALANCE SHEET (CONTINUED) FY-09

| Acct. No. | | BALANCE AT BEGINNING OF | BALANCE AT END OF |
|--------------|---|---------------------------------------|----------------------|
| | LIABILITIES | YEAR | YEAR |
| | CURRENT LIABILITES | | |
| 231 | Accounts Payable | \$ | \$ |
| 232 | Notes Payable (Current Portion) | 13086.00 | |
| 234 | Notes/Accounts Payable to Associated Companies | 10000 | 10000. |
| 235 | Customer Deposits | 2480,00 | 840.00 |
| 236 | Accrued Taxes | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | |
| 237 | Accrued Interest | | |
| 241 | Miscellaneous Current and Accrued Liabilities | | |
| | TOTAL CURRENT LIABILITIES | \$ 15566.00 | \$ 13926.9 |
| | LONG-TERM DEBT (Over 12 Months) | | |
| 224 | Long-Term Notes and Bonds | \$ 99623.00 | \$ 92564.9 |
| | | | |
| | DEFERRED CREDITS | | |
| 251 | Unamortized Premium on Debt | \$ | \$ |
| 252 | Advances in Aid of Construction | | |
| 255 | Accumulated Deferred Investment Tax Credits | | |
| 271 | Contributions in Aid of Construction | 25054 00 | |
| 272 | Less: Amortization of Contributions | 9363.00 | |
| 281 | Accumulated Deferred Income Tax | 15527.00 | |
| | TOTAL DEFERRED CREDITS | \$ 16400 | \$ 10880 |
| | TOTAL LIABILITIES | \$ 115353.00 | \$ 117370 |
| | CAPITAL ACCOUNTS | | |
| 201 | Common Stock Issued | \$ | \$ |
| 211 | Paid in Capital in Excess of Par Value | | |
| 215 | Retained Earnings | 32897.00 | 15253.0 |
| 218 | Proprietary Capital (Sole Props and Partnerships) | | |
| | TOTAL CAPITAL | \$ 32897.0 | \$ 15°253. |
| | TOTAL LIABILITIES AND CAPITAL | \$ 1482500 | \$ /32623 |

COMPARATIVE STATEMENT OF INCOME AND EXPENSE FY-09

| Acct. | OPERATING REVENUES | PRIOR YEAR | CURRENT YEAR |
|--------|--|----------------------|---------------|
| No. | | | 0 ~0 ~ ~ (~ |
| 461 | Metered Water Revenue | \$ 56252.00 | \$ 59006.00 |
| 460 | Unmetered Water Revenue | 3609 00 | 3792.00 |
| 474 | Other Water Revenues | 40. | \$ 62798 00 |
| | TOTAL REVENUES | \$ 59901.00 | \$ 62798.00 |
| | | | |
| | OPERATING EXPENSES | 6 MA/ 7 CD | φ. |
| 601 | Salaries and Wages | \$ 7067.00 | \$ |
| 610 | Purchased Water | (5.70) | 11 9/15 00 |
| 615 | Purchased Power | 13,324.00 | 11,940 00 |
| 618 | Chemicals | , | 168.00 |
| 620 | Repairs and Maintenance | 3764.00 | 4116. |
| 621 | Office Supplies and Expense | | 1415.00 |
| 630 | Outside Services | 2118.00 | 15154,00 |
| 635 | Water Testing | 2585. ^{co} | 2939.00 |
| 641 | Rents | | 1500.00 |
| 650 | Transportation Expenses | 750. ^{co} | 3067. M |
| 657 | Insurance – General Liability | 1115.00 | 2387. © |
| 659 | Insurance - Health and Life | | |
| 666 | Regulatory Commission Expense – Rate Case | | |
| 675 | Miscellaneous Expense Compidue, PHONE | 235 g. va | 4921.00 |
| 403 | Depreciation Expense | /8908. ^{co} | /8908.°° |
| 408 | Taxes Other Than Income | 11834.00 | 10,111.00 |
| 408.11 | Property Taxes | 9361, US | 2881. vo |
| 409 | Income Tax | | |
| | TOTAL OPERATING EXPENSES | \$ 73184.00 | \$ 79567.00 |
| | | | |
| | OPERATING INCOME/(LOSS) | \$ < /3283,00 | \$ (16769.00) |
| | | | |
| - | OTHER INCOME/(EXPENSE) | | |
| 419 | Interest and Dividend Income | \$ | \$ |
| 421 | Non-Utility Income | | |
| 426 | Miscellaneous Non-Utility Expenses | | |
| 427 | Interest Expense | 924.9 | (8750) |
| | TOTAL OTHER INCOME/(EXPENSE) | \$ (97400) | \$ (875.60) |
| | 10 11111 0 111111 11 10 11111 (21111 21 102) | 1011 | |
| | NET INCOME/(LOSS) | \$ (14.207.00) | \$ (17 (4100) |
| | THE INCOME/(LOSS) | 14,601,00/ | 1 1 644. |

COMPANY NAME ELFRIDA DOMESTIC WATER USERS ASSOC.

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

| | LOAN #1 | LOAN #2 | LOAN #3 | LOAN #4 |
|------------------------|--------------------------|----------|---------|---------|
| Date Issued | 5/31/02 | | | |
| Source of Loan | WIFA | | | |
| ACC Decision No. | STORAGE TAN | <u> </u> | | |
| Reason for Loan | NEW WELL TRANSMISSION | i Line | | |
| Dollar Amount Issued | \$ 150,000.00 | \$ | \$ | \$ |
| Amount Outstanding | \$ | \$ | \$ | \$ |
| Date of Maturity | 5/31/22 | | | |
| Interest Rate | 3.083 % | % | % | % |
| Current Year Interest | \$ 875.00 | \$ | \$ | \$ |
| Current Year Principle | \$ 6258.00 | \$ | \$ | \$ |

Meter Deposits Refunded During the Test Year

\$ 840.00

Meter Deposits Refunded During the Test Year

\$ 61.34/100

COMPANY NAME EGRIDA Domes Tic Water USERS ASSOC.

Name of System: EGRIDA Sustem ADEQ Public Water System Number: 02017

WATER COMPANY PLANT DESCRIPTION

WELLS

| ADWR ID Number* | Pump Horsepower | Pump Yield (gpm) | Casing Depth (Feet) | Casing Diameter (Inches) | Meter Size (inches) | Year Drilled |
|------------------------|--------------------|---------------------|---------------------------|--------------------------------|------------------------|-----------------|
| <i>55-57</i> 3834 | 25 | 250 | 610 | 12" | 4" | 2001 |
| 55-573834 55-608154 | 30 OFF | -Q | 200' | 12" | 4" | |
| 55-608 155 | 15 | 200 | 200' | 12" | 6" | |
| | | · | | | | |
| | | ! | | | | |
| | | | | | | |

Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

| Name or Description | Capacity (gpm) | Gallons Purchased or Obtained (in thousands) |
|---------------------|-------------------|--|
| NONE | | |
| | | |

| BOOSTER PUN | BOOSTER PUMPS | | TDRANTS |
|-------------|---------------|-------------------|----------------|
| Horsepower | Quantity | Quantity Standard | Quantity Other |
| 10 | 3 | 21 | |
| • | | | |
| | | | |
| | | | |

| Quantity | Capacity | Quantity |
|----------|----------|----------|
| | | |
| | 6,000 | |
| ţ | 5.600 | 2 |
| | ì | |

Note: If you are filing for more than one system, please provide separate sheets for each system.

| COMPANY NAME EIFRIDA Don | MESTIC WATER | USERS ASSOC | |
|----------------------------|--------------|-------------|--------|
| Name of System: ECFRIDA 54 | | | :02017 |

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

| · · · · · · · · · · · · · · · · · · · | MAINS | , |
|---------------------------------------|--------------|-------------------------|
| Size (in inches) | Material | Length (in feet) |
| 2 | Puc | 2,640 3,960 6,080 |
| 3 | TRANSITE | 3,960 |
| 4 | Puc | 6,080 |
| 5 | | |
| 6 | TRANSITE PUC | 14,520 |
| 8 | | |
| 10 | | |
| 12 | | |
| | | |
| | | |
| | | |
| | | |

| CUSTOMER METERS | | |
|-----------------------------------|----------|--|
| Size (in inches) | Quantity | |
| 5/8 X ³ / ₄ | · | |
| 3/4 | 205 | |
| 1 | | |
| 1 1/2 | 4 | |
| 2 | 5 | |
| Comp. 3 | | |
| Turbo 3 | | |
| Comp. 4 | | |
| Turbo 4 | | |
| Comp. 6 | | |
| Turbo 6 | | |
| | | |
| | | |

| For the following three items, list the utility owned assets in each category for each system. | | | | |
|--|----------------------------|--|--|--|
| TREATMENT E | QUIPMENT: | | | |
| | NONE | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| STRUCTURES: | 2 Pamp Houses 24'x 24'x 8' | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OTHER: | | | | |
| OTTEK. | 1-Compactor 1-TRASH Pump | | | |
| | | | | |
| | | | | |
| | | | | |

Note: If you are filing for more than one system, please provide separate sheets for each system.

| COMPANY NAME: EIFRIDA Domesti | ICWATER USERS ASSOCIATION |
|--------------------------------|--|
| Name of System: EIFRIDA SYSTEM | ADEQ Public Water System Number: 02017 |

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2009

| MONTH | NUMBER OF | GALLONS | GALLONS | GALLONS |
|-----------|--------------------------|-------------|-------------|------------------|
| | CUSTOMERS | SOLD | PUMPED | PURCHASED |
| | | (Thousands) | (Thousands) | (Thousands) |
| JANUARY | 212 | 1.089.27 | 1,612,900 | -0- |
| FEBRUARY | 214 | 1.532469 | 444,900 | -0- |
| MARCH | 212 | 1,198,872 | NO READING | 3 -0 - |
| APRIL | 209 | 1,623,137 | RECORDED | -0- |
| MAY | 215 | 2,700,914 | | -0- |
| JUNE | 218 | 3.593.042 | (| -0- |
| JULY | 217 | 3.361.406 | | -0- |
| AUGUST | 2/3 | 3.02/.004 | | -0- |
| SEPTEMBER | 212 | 3.110.843 | | -0- |
| OCTOBER | 212 | 2.783,271 | | -0- |
| NOVEMBER | 213 | 2,224,255 | | ~O — |
| DECEMBER | 211 | 1,672,665 | ζ | <u> </u> |
| | $TOTALS \longrightarrow$ | 26,911,151 | 2,657,800 | -0- |

| What is the level of arsenic for each well on your system? mg/l (If more than one well, please list each separately.) |
|---|
| If system has fire hydrants, what is the fire flow requirement? 100 GPM for 9 hrs |
| If system has chlorination treatment, does this treatment system chlorinate continuously? () Yes (×) No |
| Is the Water Utility located in an ADWR Active Management Area (AMA)? (y) Yes () No |
| Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? () Yes (x) No |
| If yes, provide the GPCPD amount: |

Note: If you are filing for more than one system, please provide separate data sheets for each system.

| COMPANY NAME: ELFRIN | DOMESTIC WATER | USERS ASSOCIATION |
|---------------------------|----------------------------|---------------------|
| Name of System: ELFRIDA 5 | ASTEM ADEQ Public Water Sy | ystem Number: 02017 |

UTILITY SHUTOFFS / DISCONNECTS

| MONTH | Termination without Notice R14-2-410.B | Termination with Notice R14-2-410.C | OTHER |
|----------------------|---|--|-------|
| JANUARY | 0 | | 0 |
| FEBRUARY | 0 | 0 | 0 |
| MARCH | 0 | 0 | 2 |
| APRIL | 0 | 0 | .3 |
| MAY | 0 | 0 | 0 |
| JUNE | 0 | 0 | |
| JULY | 0 | 0 | Ì |
| AUGUST | | | 4 |
| SEPTEMBER | | Ô | ì |
| OCTOBER | | 0 | 0 |
| NOVEMBER | 0 | 0 | 0 |
| DECEMBER | 0 | 0 | 2 |
| $TOTALS \rightarrow$ | 0 | 0 | 13 |

| OTHER (description): | 13 | CLOSED | ACCOUNT | i 5 | |
|----------------------|----|--------|---------|--------|------|
| | | | | • | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

COMPANY NAME ELFRIDA DOMESTIC WATER ASSOCYEAR ENDING 12/31/2009

PROPERTY TAXES

| Amount of actual property taxes paid during Calendar Year 2009 was: \$ 288 515 |
|--|
| Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year. |
| If no property taxes paid, explain why |
| |
| |
| · |
| |

VERIFICATION AND SWORN STATEMENT Taxes

| | RECEIVED |
|------|--------------|
| NO | 19 400 |
| -OIM | TES DIRECTOR |

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

| OUNTY OF (COUNTY NAME) |
|---|
| Cachise |
| NAME (OWNER OR OFFICIAL) TITLE MICHAEL J. COVER J. LUATRIC MANAGER |
| COMPANY NAME |
| EIFRIDA DOMESTIC WATER USERS ASSOCIATIO |

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| MONTH | DAY | YEAR |
|-------|-----|------|
| 12 | 31 | 2009 |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL
20) 642-1290

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME OCHISE

MONTH October .2010

OFFICIAL SEAL
CHARLOTTE DAVIS
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY L
My Comm. Expires April 15, 2013

pril 15,2013

DAY OF

SIGNATURE OF NOTARY PUBLIC

COMPANY NAME ELFRIDA DOMESTIC WATER ASSOC. YEAR ENDING 12/31/2009 INCOME TAXES

| For this reporting period, provide the following: | | |
|--|--|---|
| Federal Taxable Income Reported Estimated or Actual Federal Tax Liability | NONE | |
| State Taxable Income Reported Estimated or Actual State Tax Liability | NONE | <u>.</u> |
| Amount of Grossed-Up Contributions/Advances: | | |
| Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances | NONE | - - - |
| Decision No. 55774 states, in part, that the utility we of the tax year when tax returns are completed. Pure any Payer or if any gross-up tax refunds have alread name and amount of contribution/advance, the amount each Payer, and the date the Utility expects to make | rsuant to this Decision, if and dy been made, attach the fount of gross-up tax collected | gross-up tax refunds are due to ollowing information by Payer ed, the amount of refund due to |
| CERTIFICATION | | |
| The undersigned hereby certifies that the Utility has prior year's annual report. This certification is to be corporation; the managing general partner, if a percompany or the sole proprietor, if a sole proprietors | be signed by the President opertnership; the managing | or Chief Executive Officer, if a |
| Michael Correction. SIGNATURE | 11/3/10 DATE | |
| MICHAEL 3 COYLE DR. PRINTED NAME | WATER MANA TITLE | GER |

VERIFICATION AND SWORN STATEMENT

| | RECEIVED |
|-------------|------------|
| NOV | 2 4 2010 |
| ACC UTILITY | ES DIRECTO |

| VERIFICATION | COUNTY OF (COUNTY NAME) COUNTY OF (COUNTY NAME) |
|------------------------|---|
| V EACH TOTAL | COUNTY OF (COUNTY NAME) |
| STATE OF | Cochise |
| I, THE UNDERSIGNED | MICHAEL J. COVIE JR. / WETER MANGER |
| OF THE | ELFRIDA DOMESTIC WATER USERS ASSOCIATION |
| DO SAY THAT THIS ANNUA | AL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION |

FOR THE YEAR ENDING

MONTH YEAR 2009 12 31

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2009 WAS:

> Arizona Intrastate Gross Operating Revenues Only (\$) s 62,616,00

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 3610.00 IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED, IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

ICINAND FOR THE COUNTY OF OFFICIAL SEAL

ARLOTTE DAVIS

OFFICIAL SEAL

OFFICI COCKISE COUNTY My Comm. Expires April 15, 2013

(SEAL)

DAY OF

.2010

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE Intrastate Revenues Only

RECEIVED

NOV 2 4 2010

ACC UTILITIES DIRECTOR

VERIFICATION

| STATE | OF | ARIZONA |
|-------|----|---------|
| | | |

I, THE UNDERSIGNED

COUNTY OF (COUNTY NAME)

CONTRIBE

NAME (OWNER OR OFFICIAL)

COMPANY NAME

COMPANY NAME

TITLE WANGERS

OF THE

EIFRIDA DOMESTIC WATER USERS ASSOCIATION

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2009

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2009 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 62,616,00

THE AMOUNT IN BOX AT LEFT INCLUDES \$ 36 (0.00) IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

SIGNATURE OF OWNER ON OFFICIAL

520 642 1290

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

NOTARY PUBLIC NAME
CHARLOTTE DAVIS
COUNTY NAME
COCHISE
MONTH October .2010

CHARLOTTE DAVIS

NOTARY PUBLIC - STATE OF ARIZONA

COCHISE COUNTY

My County Expires April 15, 2013

DAY OF

Charlotte Davis

MY COMMISSION EXPIRES
Cypil 15,2013